

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County.....

Township.....

City **St. Louis**

Registration District No. **781**

Primary Registration District No. **1003**

(No. **St. Johns Hospital**)

File No. **9113**

Registered No. **2596**

St. .... Ward)

**2. FULL NAME** **Francis W. Peitzmeier**

(a) Residence, No. **Gatesworth Hotel**

(Usual place of abode)

St. **5 12** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX

**Male**

4. COLOR OR RACE

**White**

5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)

**Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 24, 1897**

7. AGE

YEARS

**42**

MONTHS

**3**

DAYS

**23**

If LESS than 1  
day, ..... hrs.  
or ..... min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.

**Secretary of**

9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.

**Schultz Motor Co.**

10. Date deceased last worked at  
this occupation (month and  
year)

11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (CITY OR TOWN) **St. Louis, Mo.**  
(STATE OR COUNTRY)

13. NAME **John Peitzmeier**

14. BIRTHPLACE (CITY OR TOWN) **St. Louis**  
(STATE OR COUNTRY)

15. MAIDEN NAME **Clara Druhe**

16. BIRTHPLACE (CITY OR TOWN) **St. Louis**  
(STATE OR COUNTRY)

17. INFORMANT **John Peitzmeier**  
(ADDRESS) **Dallas, Texas**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Calvary Cem** DATE **Mar. 20 '40**

19. UNDERTAKER **Foranmehring Wnd. Co.**  
(ADDRESS) **4746 W. Florissant Ave.**

20. FILED **MAR 19 1940**

(Signature)

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 18, 1940**

22. I HEREBY CERTIFY, That, I attended deceased from  
**March 4, 1940, to March 18, 1940**

I last saw him alive on **March 18, 1940** Death is said  
to have occurred on the date stated above, at **11:25 A.M.**

The principal cause of death and related causes of importance were as follows:

Date of onset

**Coronary Thrombosis**

**3/4-40.**

Other contributory causes of importance:

**Hypertension, Atherosclerosis,  
Chronic Nephritis**

Name of operation..... Date of.....

What test confirmed diagnosis? **EKG** Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **No**

If so, specify

(Signed)

**Geophane M. Nelson**, M. D.

(Address)

**106 Newman Bldg.**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me.

Signed

W W Wilkinson

Licensed Embalmer No. 3575